WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 9606

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1003 Registered No. 2420

City St. Louis, Mo. (No. .... Sanitarium St. .... Ward)

2. FULL NAME John Carter

(a) Residence. No. 1712a Market ... Av 13 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 4 mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Common law Marriage

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1882

7. AGE: Years 41; Months -; Days 19; If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: "

9. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) Missouri

14. INFORMANT: William T. Gittler M.D.
(Address) 5300 Arsenal St.

15. FILED 3-2, 1927 May C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to March 1, 1927, that I last saw h... alive on Feb. 28, 1927, and that death occurred, on the date stated above, at 4:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General paralysis of the Insane

76

(duration) 1 yrs. 8 mos. 13 ds. +

CONTRIBUTORY (SECONDARY) .... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Spinal Fld Wassermann

(Signed) William T. Gittler, M. D.

3/1, 1927 (Address) 5300 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood

DATE OF BURIAL: 3/4, 1927

20. UNDERTAKER: Warmel Undt. Co.

ADDRESS: 4059 Finney

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No. ____

Township — Primary Registration District No. 1003 — Registered No. 2120

City (No. ____, ____ St. ____ Ward)

2. FULL NAME John Carter

(a) Residence. No. ____ St., ____ Ward. (Usual place of abode) ____ (If nonresident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Col	Common Law m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11- 1882

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
45	0	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ____

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9. BIRTHPLACE (CITY OR TOWN) ____ (STATE OR COUNTRY) ____

PARENTS

10. NAME OF FATHER ____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____ (STATE OR COUNTRY) ____

12. MAIDEN NAME OF MOTHER ____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____ (STATE OR COUNTRY) ____

INFORMANT ____

(Address) ____

FILED ____, 19__ Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 1- 1927

17. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h__ alive on ____, 19__, and that death occurred, on the date stated above, at ____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____

____ (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ____

DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____

WAS THERE AN AUTOPSY? ____

WHAT TEST CONFIRMED DIAGNOSIS? ____

(Signed) ____, M. D.

____, 19__ (Address) ____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
	19
20. UNDERTAKER	ADDRESS

N. B.—Every item of information sh... tly supplied. AGE should be stated EXACTLY. PHYSICIANS shoul... ate CAUSE OF DEATH in plain terms, ... y be properly classified. Exact statement of OCCUPATION is very important.

...HALL NOT RECEIVE A... R CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...ADING INK—THIS IS A PERMANENT RECORD

5-9606